CONCORD FAMILY YMCA
Y@21C AFTER SCHOOL PROGRAM
Abbot Downing

Child’s Name: ________________________________

Circle the days that they will be attending:

Full Week  or  Monday  Tuesday  Wednesday  Thursday  Friday

Costs: Rates subject to change with YMCA Board approval

Full Week:  □ $80
Daily:  □ $30 per day

Are you currently eligible for childcare assistance through the State?  □ Yes  □ No
Are you currently receiving or wish to apply for a scholarship with the YMCA?  □ Yes  □ No
If you checked yes to either question, please contact Sarah Harrington at sharrington@concordymca.org for assistance.

Other information:

Parent initial -   A $40 non-refundable registration fee is due with this application.

Parent initial -  Physical and immunization must be on file at the YMCA before a child can attend. If your child
has had one in the past 2 years, please provide a copy with completed registration form.

Parent initial -  You have read and agree to the rules in the Kydstop Parent Handbook, available on concordymca.org.

Parent initial -  If the child needs to take prescription medication while at the YMCA, we must have an authorization
form signed by your child’s physician listing the medication, dose, frequency and other instructions
before the child attends.

Parent initial -  Over the counter medications will only be dispensed with written authorization from the parent/
guardian. Additionally, the medication must be in its original container and will only be administered
in accordance with manufacturer’s printed instruction.

Parent initial -  Payment is expected on the Friday before a school week starts. Payment will not be prorated.

Parent initial -  We require a credit card on file for weekly payments. A Credit Card Payment Authorization Form must be
completed at time of registration, which will automatically run only for the weeks your child attends.

Parent initial -  Please pick up your child by 6:00PM. Late pickups will be charged $5 for every 5 minutes past closing.
Late fees will be billed to the card used to process your weekly fee.

Parent initial -  If your account becomes 2 weeks past due your child may not continue to attend and you will not be
able to enroll your child in other programs until the balance is paid in full.

Best email(s) to contact: ________________________________

We may use this email to contact you regarding billing or registration questions, as well as any closures or similar
information pertaining to your child’s site.

Follow us on Facebook and see what our Afterschool Programs are up to!
https://fb.me/Kydstop
CONCORD FAMILY YMCA
Y@21C AFTER SCHOOL PROGRAM
Abbot Downing

WAIVER AND RELEASE OF LIABILITY, AND AUTHORIZATION FOR MINORS:

• In consideration of being allowed to participate in any way in the Concord Family YMCA and related events and activities, the undersigned agree to the following:

• As the parent or legal guardian of the participant I will instruct the minor participant that prior to participating, we will inspect the facilities and equipment to be used, and if I believe or the participant believes that anything is unsafe, we will immediately advise a coach, instructor or supervisor or other event organizer of such condition(s) and refuse to participate.

• We acknowledge and fully understand that each participant will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, and severe social and economical losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the conditions of the premises, or of any equipment used. Further, there may be other risks not known or reasonably foreseeable at this time.

• We assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.

• We release, waive, discharge and covenant not to sue the Concord Family YMCA, its affiliated programs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, volunteers, sponsoring agencies, sponsors, advertisers and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to the participant, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the released or otherwise.

• By signing this form I hereby authorize that the minor participant may receive emergency medical treatment for illness or injury that may befall them while being transported to or from, or while engaging in the Concord Family YMCA recreational program or related events and activities.

• I assume full responsibility for the member’s health being such that the activities will in no way aggravate any condition present. If in doubt, medical advice will be sought and followed. I agree that the Concord Family YMCA will be notified in advance of any changes in the member’s health status that may affect the member's needs during the YMCA’s activities. I declare the statements on this form to be true.

• This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND AUTHORIZATION, AND UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

Parent/Guardian Signature: __________________________ Date: ________________________

Transportation Authorization: I grant my child permission to be transported by private car to our program in the morning and released from our program to their classrooms after the morning program AND permission to walk from their classrooms at the end of the school day to our program. The Concord Family YMCA may also transport my child on field trips. I understand that the licensed childcare program is responsible for my child from the time they arrive at the program services site until they leave the program.

Parent/Guardian Signature: __________________________ Date: ________________________

Photo Authorization: I, Parent or Legal Guardian, give/grant the YMCA permission to use any films, photographs, audio or videos, and internet uses taken for the purpose of informing the public about the YMCA. I further grant them the right to exhibit, distribute, sell or otherwise dispense these materials.

Parent/Guardian Signature: __________________________ Date: ________________________
# Child Care Registration and Emergency Information

**The Y @ 21C/Abbot Downing School**

**NAME OF CHILD CARE PROGRAM**

**LICENSE NUMBER**

**TO THE PARENT OR GUARDIAN:** This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

**DATE OF CHILD'S ENROLLMENT**

<table>
<thead>
<tr>
<th>Child's name:</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Phone number:</td>
</tr>
</tbody>
</table>

## Identifying Information of Parent/S or Guardian/S Legally Responsible for Child:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Home phone number:</td>
<td>Home phone number:</td>
</tr>
</tbody>
</table>

Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.

<table>
<thead>
<tr>
<th>Business Name:</th>
<th>Business Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone number:</th>
<th>Hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

Special Instructions for reaching parent/guardian:

## Emergency Contact Person:

You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone number:</td>
<td>Phone number:</td>
</tr>
</tbody>
</table>

## Non-Emergency Alternate Pick-Up Person/S:

1, 

(Parent/Guardian Signature)

Authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone number:</td>
<td>Phone number:</td>
</tr>
</tbody>
</table>
CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at https://nhlicenses.nh.gov/verification/Search.aspx?facility=Y or by calling the unit at 603-271-9025 or 1-800-852-3345, extension 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

☐ I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

☐ I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.

☐ I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at: http://www.dhhs.state.nh.us/ooe/cclu/index.htm

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Usual Physician: _______________________________ Phone number: _______________________________

Physician's Address: _____________________________________________________________

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of ___________________________ to provide simple first aid treatment to my child, ___________________________ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature: ___________________________ Date: ____________

ANNUAL UPDATE: Make necessary changes & initial & date below to verify that the information is current.

Parent/Guardian Initials: ___________________________ Date: ____________

Parent/Guardian Initials: ___________________________ Date: ____________

Parent/Guardian Initials: ___________________________ Date: ____________

Parent/Guardian Initials: ___________________________ Date: ____________
Credit Card Authorization Form

Date: ____________________________ Member's Name if Different

First Name: ____________________________ Last Name: ____________________________

Address

City:

State: ______ Zip: ______ Phone: ______

Card Type: ____________________________

Card Number: ____________________________

Expiration Date: __________ CVV

Payment Frequency: Weekly

I hereby authorize The Concord Family YMCA to automatically debit weekly child care/ Kydstop programs from my credit card.

____________________________________ Cardholder's Signature

____________________________________ Employee's Signature